

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: Juvenile

In the Matter of the Welfare of the Child(ren) of:

**NOTICE OF HEARING –
FOSTER PARENT or RESIDENTIAL FACILITY STAFF
Child In Need of Protection or Services Matter**

 Parent Legal Custodian

 Parent Legal Custodian

To: _____ (Name), _____ (Street Address), _____ (City, State, Zip code)

Please take notice that on _____, the attached Petition was filed with the above-named court alleging that the child(ren) of the above-named parent(s) or legal custodian(s) are in need of protection or services. The child(ren) was/were removed from home and placed in your care.

YOU ARE NOTIFIED THAT A HEARING regarding the Petition and the best interests of the child(ren) will take place in court at the following date, time, and place.

Type of Hearing: _____

Date: _____ Time: _____

Judge or Court: _____

Address of court where hearing will take place: _____

Court phone number: _____

YOU HAVE BEEN SERVED WITH THIS NOTICE OF HEARING because you are the foster parent for the child(ren). Pursuant to statutes and court rules, foster parents are “participants” and have a special role in these court proceedings:

- You are a person who has important information regarding the child(ren) and whose participation the court believes is important to a determination concerning the best interests of the child(ren).
- As a participant you have certain rights and responsibilities – see attached Advisory of Rights and Responsibilities.

YOU HAVE OPTIONS FOR PARTICIPATING IN THIS HEARING: You may participate in the hearing by:

- appearing in court in person; or
- completing the attached Foster Care Report to Court and filing it with the court and sending it to the parties and participants prior to the hearing according to the instructions on the form; or
- calling into the hearing, but you must contact the court administrator at the above number at least 2 business days prior the hearing so you can be told the phone number to call on the day of the hearing.

Dated: _____

Name of Court Administrator

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: Juvenile

In the Matter of the Welfare of the Child(ren) of:

**FOSTER PARENT or RESIDENTIAL FACILITY STAFF
REPORT TO COURT
Child In Need of Protection or Services Matter**

 Parent Legal Custodian

 Parent Legal Custodian

Instructions: After filling out this Foster Parent Report to Court, you **MUST** complete the following two steps:

1. File a copy of this report with the court prior to the hearing either by:
 - bringing a copy to the court administrator’s office whose address is on the attached Notice of Hearing at **least 5 business days before the date of the hearing**, OR
 - mailing a copy to the court administrator’s office whose address is on the attached Notice of Hearing at **least 8 days before to the date of the hearing**.
2. Mail a copy of this report to each party (or their attorney if represented) by US Mail **at least 8 days before the date of the hearing**.

Date Foster Care Report Completed (month/day/year): _____

Name of child(ren) in your care discussed in this report. If any child is the victim or perpetrator of an alleged sexual assault, do not include the child’s name here but, instead, use “child 1” and put the child’s name on Confidential Information Form 11.4: _____

1. **Out-of-Home Placement Plan (OHPP):** You have a right to participate in creating the child(ren)’s OHPP, to review and sign the OHPP, and to receive a copy of the OHPP.
 - a. Did you participate in creating the OHPP for the child(ren):
 Yes No Not offered opportunity
 - b. Were you given an opportunity to review and sign the OHPP for the child(ren):
 Yes No Not offered opportunity
 - c. Have you received a copy of the OHPP for the child: Yes No
 - d. Do you know what the permanency plan is for the child? Yes No

2. Visitation:

- a. Since your last Foster Care Report to Court, has the child(ren) had:
 - Visitation with the mother: Yes No Not applicable
 - Visitation with the father: Yes No Not applicable
 - Visitation with siblings (if siblings separated): Yes No Not applicable
- b. Please provide any information you have since your last Foster Care Report to Court that you think is important for the court to know about the child(ren)’s experience with visitation with the mother, father, and/or siblings, including frequency of visits, length of visits, positive experiences, and/or concerns:

3. **Case Worker Visits:** Since your last Foster Care Report to Court, has the child's case manager had monthly face-to-face visits with the child(ren)? Yes No
- a. If yes, have the majority of those visits taken place in your home or facility? Yes No Not applicable
- b. Please provide any information that is important for the court to know about case manager visits.

4. **School:** Please provide any information you have since your last Foster Care Report to Court that is important for the court to know about the child(ren)'s attendance at or progress in school:

5. **Medical Health:** Please provide any information you have since your last Foster Care Report to Court that is important for the court to know about the child(ren)'s medical health, including physical health, dentists, eyes doctors, medicine, and medical services being provided.

6. **Emotional and Mental Health:** Please provide any information you have since your last Foster Care Report to Court that is important for the court to know about the child(ren)'s emotional and mental health, therapy, trauma-informed services, including services being provided.

7. **Other Important Information:** Please provide any other information you have since your last Foster Care Report to Court that is important for the court to know about the child(ren).

By signing this Foster Care Report to Court I certify that the information provided in this Report is true and correct to the best of my knowledge and belief.

Dated: _____

Signature of Foster Care Provider(s)

Print name(s): _____